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ABSTRACT

The social position of integrated and segregated educable mentally handicapped (EMR) children in a traditional school building was compared to that of EMR children in a no-interior wall school. The results indicated that while EMR children in the unwalled school were known more often by their nonEMR peers, they were not chosen as friends more often. Retarded children in the unwalled school were rejected more often than retarded children in the walled school. Also, integrated EMR children were rejected more than segregated EMR children. (For related studies, see also EC 042 062 and 042 066.) (Author)

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STUDIES IN LEARNING POTENTIAL

Social Acceptability of Retarded Children in Nongraded Schools Differing in Architecture

by

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Abstract

The social position of integrated and segregated EMR children in a traditional school building was compared to that of EMR children in a no-interior wall school. The results indicated that while EMR children in the unwalled school were known more often by their nonEMR peers, they were not chosen as friends more often. Retarded children in the unwalled school were rejected more often than retarded children in the walled school. Also, integrated EMR children were rejected more than segregated EMR children.

Social Acceptability of Retarded Children in Nongraded Schools Differing in Architecture

Jay Gottlieb and Milton Budoff

In a previous report, Goodman, Gottlieb and Harrison (in press) argued that educable mentally retarded (EMR) children who were integrated in a nongraded elementary school would more likely be socially accepted by their regular class peers than retarded children who remain in self-contained, segregated classes. The rationale underlying this argument was that a nongraded school is organized so that each child progresses at his own rate in different academic content areas and is not bound by traditional grade level requirements. For example, it is not uncommon for certain children who are not retarded to be working at a "fifth grade" reading level, and learning "third grade" arithmetic. The theory of such an educational structure is that children do not compete against each other, but only against their own past performance. Consequently, the children in such a school become cognizant of intra- and inter-individual differences in the academic achievement of all children - retarded and nonretarded - and hopefully, do not denigrate children who are marginal achievers. Goodman, et al. reported, however, that integrated EMR children were less socially acceptable to their regular class peers than segregated retarded children. On the contrary, male raters were found to reject the integrated students more often than the segregated ones. The authors reasoned that one possible cause for the unexpected

greater rejection of integrated children was that they were perceived as nonretarded and were expected to conform to the behavioral standards of other "normal" children. It was hypothesized that failure to do so resulted in their social rejection. This post hoc explanation is supported by Johnson's (1950) findings with IQ-defined EMR children in regular classes who were also sociometrically rejected by their higher IQ peers.

The present study was conducted to examine whether the social acceptability of integrated and segregated IQ-defined retarded children in attendance in a no-interior wall, open concept nongraded school would differ from that of EMR children located in a traditional egg-crate school building. A child in a no-interior walled school is visually and physically accessible to all other children in the school. As a result, the nonretarded children have greater opportunity to become familiar with the EMR child. The architecture of the traditional school building which contains separate classrooms tends to restrict the visual and physical access of a given child to the children contained in each classroom. In this study, then, it was hypothesized:

a. that more EMR children in open concept schools will be known to their schoolmates than those in the traditional egg-crate nongraded school,

b. consonant with Goodman et al. and Jonhson's findings, that integrated and segregated EMR children attending the open concept school would be rejected more often since there is greater opportunity for child contact than in the traditional school,

c. within each school, integrated EMR children would be rejected more often than segregated EMR children by their higher IQ peers.

Method

Subjects.

A sample of 136 nonretarded white children was drawn from two nongraded elementary schools in the same rural New Hampshire town. The two schools are located approximately two miles from each other and were the only elementary schools in the town which accommodated EMR children. The geographic location of both schools necessitated that all children, EMR and nonEMR, were bussed in.

Forty boys and forty girls, distributed equally over "grades" 1 to 6, were selected randomly from the open concept school's nonEMR enrollment (N = 270) to rate sociometrically eight partially integrated and four segregated EMR children. Fifty-six subjects (28 boys and 28 girls), distributed equally over "grades" 1 to 6, were randomly selected from the walled school's total population of 230 children to rate four partially integrated and eight segregated EMR children.

Procedures.

The procedures for the administration of the sociometric instrument have been described in detail elsewhere (Goodman et al.) and will be reviewed briefly. Each subject was individually

administered a sociometric questionnaire which required him to tell whether or not he knew the children whose names appeared on a list that was read aloud by the experimenter. For each name that he knew, he was asked whether the named child was a "friend," "alright," or whether he "wouldn't like" him. Some of the children whose names appeared on the list were nonEMR children, others were EMR children who were completely segregated in the special education class (in the no-interior-wall school, the segregated children were those who did not participate with nonEMR children in organized activities), and still others were EMR children who were partially integrated into the general school routine. In these schools, partial integration implies that the EMR children were integrated for nonacademic subjects and lunch. In certain instances, some EMR children were integrated into regular academic course work when their teachers believed they could benefit from it.

Responses to the categories (friend, alright, wouldn't like) and groups (nonEMR, segregated EMR, partially integrated EMR) were tabulated separately for the sex of the rater and the school in which he was enrolled. The dependent measures were computed as the proportion of children selected within a category relative to the total number of children within a group whom the subject indicated that he knew.

Results

A 2 X 2 X 3 (School, Sex, Group) mixed analysis of variance was computed for the "don't know" data in order to determine the

extent to which nonEMR and EMR children were known to their nonEMR peers in their respective schools. The results of this analysis revealed three significant findings: a School X Group interaction (F = 6.48, df = 2/264, p <.01); a Group main effect (F = 5.08, df = 2/264, p<.01); and a School main effect (F = 13.18, df = 1/132, p<.001). Tests for simple effects of the significant interaction indicated that there were no significant differences in the extent to which nonEMR children in both schools were not known. However, segregated and partially integrated EMR children in the walled school were unknown to their nonEMR peers significantly more than those in the no-interior wall school (t= 2.08, df = 134, p<.05 for the segregated EMR children; t = 5.03, df = 134, p<.001 for the integrated EMR children). Means and standard deviations for these data appear in Table 1.

Insert Table 1 about here

The data for subjects' responses to the children's names whom they knew were cast in a 2 X 2 X 3 X 3 (School X Sex X Categories X Groups) analysis of variance design with the last two factors being "within" factors. The results of this analysis revealed several significant findings, the most pertinent of which were: (a) the School X Group interaction (F = 5.71, df = 2/264, p<.005), and (b) the School X Group X Category interaction (F = 2.81, df = 4/528, p<.05). The significant School X Group interaction is simply a restatement of the "don't know" analysis and indicates that nonEMR children in both schools are responded to equally often, but that EMR children, both segregated and

Table 1

Means and Standard Deviations for Sociometric Choices

	No-interior wall school (N = 80)											
	Friend			Alright			Wouldn't Like			Don't Know		
	N	P	S	N	P	S	N	P	S	N	P	S
$\bar{X}$	.23	.14	.16	.19	.36	.22	.05	.16	.10	.53	.35	.52
SD	.16	.26	.26	.18	.35	.30	.10	.25	.23	.21	.36	.41

	Walled School (N = 56)											
	Friend			Alright			Wouldn't Like			Don't Know		
	N	P	S	N	P	S	N	P	S	N	P	S
$\bar{X}$	.21	.14	.09	.19	.19	.19	.05	.06	.06	.55	.62	.66
SD	.15	.21	.22	.16	.19	.34	.07	.14	.15	.22	.27	.39

N = normal

P = partially integrated

S = segregated

integrated, in the no-interior wall school are known more often than the EMR children in the classroom school.

Tests for simple effects of the three-way interaction (School X Group X Category) were performed by analyzing the School X Group interaction separately at each of the three categories. The results of these analyses indicated a significant main effect for Groups at the friends' category (F = 9.53, df = 2/268, p <.001). Further analysis revealed that normals were selected as friends more often than both partially integrated EMR children (t = 2.40, df = 268, p <.02) and segregated ones (t = 2.19, df = 268, p <.05). No significant differences were found between partially integrated and segregated EMR children in the percentage of times they were selected as friends (t = .53, df = 268, p = ns),

The "don't like" data also were analyzed in a two-way analysis of variance design. Two significant findings emerged. The first was a significant School main effect (F = 4.72, df = 1/134, p <.05) indicating that all children in the no-interior wall school are rejected more than children in the traditionally walled school building. The second significant finding was a significant Group main effect (F = 4.88, df = 2/268, p <.01). t tests for all possible pairs of means for the Groups were calculated and indicated that partially integrated EMR children were rejected more often than both nonEMR (t = 3.53, df = 268, p <.01) and segregated EMR children (t = 2.00, df = 268, p <.05). No significant differences emerged between nonEMR and segregated EMR children (t = .364, df = 268, p = ns).

Finally, the "alright" data were analyzed further and revealed a significant Group main effect (F = 4.15, df = 2/268, p .02) which is interpretable only in relation to the significant School X Group interaction (F = 4.66, df = 2/268, p .02). The latter finding indicates that there were no significant differences between children in the two schools in the number of times they selected nonEMR or segregated EMR children as "alright," but that partially integrated EMR children in the no-interior wall school were selected as being "alright" significantly more often than the similar children in the walled school. Table 1 summarizes the means and standard deviations for the relevant variables.

Discussion

The results of this study are consistent with those of the prior investigation (Goodman et al.) which found that merely integrating retarded children with nonEMR children does little to improve the former's social position. Although EMR children in an open concept school are known more often, they are not liked more often. However, in both schools where the present data were collected, the incidence of outright rejection of EMR children was low. That is, relative to the total number of times that they are known to their nonEMR peers, retarded children are rejected few times. What is unknown from the present data, however, is the extent to which certain children express their rejection by using the "alright" category rather than the "wouldn't like" one. It may be the case that the rejection percentages reported in this study are underestimations of the "true" extent of the EMR children's social

rejection due to a generosity effect among the subjects (Jones and Sigall, 1971). Some support for such an argument is possible by comparing the same subjects on sociometric choice data with overt choice behavior data in a play situation. Although Goodman et al., reported that EMR children were rejected more often than nonEMR children, as measured by a sociometric instrument, still the EMR children were chosen as friends by approximately 20% of the children who knew them. Yet, in an overt play situation, these same EMR children were chosen as play companions only once in 28 instances (Gottlieb and Davis, in press).

Nevertheless, there is no apparent reason to expect that subjects in the present experiment were more likely than subjects in the Goodman et al. report to employ the "alright" category to express their rejection. Yet, the means for the "wouldn't like" category are considerably lower in the present study than in the previous report. Two possible explanations for the difference in rejection rates are possible. The first reason may be that whereas all children in the present study were bussed to school each day, in the prior investigation, only EMR children were bussed. EMR children may have been singled out as being different on this basis. The second possible reason for the greater rejection rate in the Goodman et al. study is that middle class subjects were used, while the sample in this investigation were from blue collar homes. Middle class children probably place a higher premium on academic performance than children from blue collar homes and may be more disparaging toward children who are unable to achieve at an acceptable level.

The most compelling aspect of these data is that it supports the Goodman et al. findings that integration - mere increase in physical contact - does not necessarily result in improvement in the social position of retarded children, and actually may result in possibly greater social rejection. The contact variable must be studied further from several perspectives. First, the nature of the social contact itself must be specified. Jordan (1968) and Gottlieb and Strichart (1971) have presented evidence that voluntary social contact results in more favorable attitudes toward handicapped individuals. Jordan further postulated that enjoyment of the contact is a necessary ingredient in promoting positive attitudes. Second, the situational context of the contact must be established. Gottlieb (1971) found that attitudes toward EMR children at play were more favorable than toward EMR children in class. It is probable that retarded children occupy a correspondingly different social position in different situations. Third, the specific behaviors by retarded children which are responsible for their inferior social status must be identified. In one observational study (Gampel, Harrison, & Budoff, 1972) integrated and segregated retarded children did not engage in more inappropriate behaviors than nonEMR controls. Perhaps a more elaborate observational schedule, such as that developed by Bonney and Powell (1953) is necessary in order to detect behavioral differences between retarded and nonretarded children.

Also, consideration must be given to the environment into which the EMR child is being integrated. How amenable is the classroom teacher toward accepting a retarded child in her class?

What are the parameters of teachers' tolerance for intellectual and/or social deviancy in her classroom? Since the teacher is capable of influencing the extent to which a child is acceptable to his classmates (Flanders and Havumaki, 1960), it is imperative that the EMR child be placed in an environemnt in which the teacher is supportive of his social needs.

Finally, can we lead the integrated child toward other children who will be more likely to accept him. Various reports have demonstrated that the better adjusted child, i.e., the child who is accepting of himself, is more accepting of others (Berger, 1952; Omwake, 1954). Gottlieb (1969) reported that well adjusted children as measured by self-ideal-self discrepancy scores, reported more favorable attitudes toward EMR children than poorly adjusted children. Possibly, we can reduce the likelihood of social rejection if we can help the retarded child manage his peer interactions more successfully.

Unfortunately, the present data are not geared toward examining the relative intensity of social dislike in the integration-segregation situation. Possibly, the rejection associated with integrated EMR children is manifest for different reasons than the rejection of segregated EMR children. Yet, in independent replications, EMR children who were integrated with nonEMR children were rejected significantly more often than EMR children who remained segregated. To the extent that the social acceptability of retarded children represents a desirable goal of educational integration, far greater thought needs to be expended regarding the parameters of social acceptance in the classroom.

One of the four arguments advanced by Dunn (1968) against special class placement for the mildly handicapped was that the placement results in a disability label being attached to the child. It is possible, however, that merely removing a child from a special class in and of itself is not sufficient to remove the label.

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Footnotes

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